

# STATEMENT OF FINANCIAL INTEREST

State/District officials file with:  
John Thurston, Secretary of State  
500 Woodlane Street  
Little Rock, AR 72201  
Phone (501) 682-5070  
Fax (501) 682-3548

Calendar year covered 2025  
(Note: Filing covers the previous calendar year)

For assistance in completing  
this form contact:  
Arkansas Ethics Commission  
Phone (501) 324-9600  
Toll Free (800) 422-7773

Is this an amendment?  Yes  No

Please provide complete information. If the information requested in a particular section does not apply to you, indicate such by noting "Not Applicable" in that section. Do not leave any part of this form blank. If additional space is needed, you may attach the information to this document. Do not file this form with the Arkansas Ethics Commission.

## SECTION 1- NAME AND ADDRESS

Name Holcomb Michael R  
(Last) (First) (Middle)  
Address 9108 Sulphur Springs Rd Pine Bluff AR 71603  
(Street or P.O. Box Number) (City) (State) (Zip Code)  
Phone 870 489-7177  
Spouse's name Holcomb Jessica D  
(Last) (First) (Middle)

All names under which you and/or your spouse do business: Dee Holcomb Smith Mike R Holcomb

## SECTION 2- REASON FOR FILING

- Public Official State Representative Dist. 93 (office held)
- Candidate (office sought)
- District Judge (name of district)
- City Attorney (name of city)
- State Government: Agency Head/Department Director/Division Director (name of agency/department/division)
- Chief of Staff or Chief Deputy (name of Constitutional Officer, Senate, or House of Representatives)
- Public appointee to State Board or Commission (name of board/commission)
- School Board member (name of school district)
- Candidate for school board (name of school district)
- Public or Charter School Superintendent (name of school district/school)
- Executive Director of Education Service Cooperative (name of cooperative)
- Advertising and Promotion Commission member (name of advertising and promotion commission)
- Research Park Authority Board member under A.C.A. § 14-144-201 et seq. (name of research park authority board)

**FILED**

JAN 21 2026

**Arkansas  
Secretary of State**

**SECTION 2- REASON FOR FILING (continued)**

- Appointee to one of the following municipal, county or regional boards or commissions (list name of board or commission)
  - Planning board or commission \_\_\_\_\_
  - Airport board or commission \_\_\_\_\_
  - Water or Sewer board or commission \_\_\_\_\_ *N/A*
  - Utility board or commission \_\_\_\_\_
  - Civil Service commission \_\_\_\_\_

**SECTION 3- SOURCE OF INCOME**

List each employer and/or each other source of income from which you, your spouse, or any other person for the use of you or your spouse receives gross income amounting to more than \$1,000. (You are not required to disclose the individuals that constitute a portion of the gross income of the business or profession from which you or your spouse derives income. Accountants, attorneys, farmers, contractors, etc. do not have to list their individual clients.) If you receive gross income of \$1,000 from at least one source, the answer N/A is not correct.

- a) Check appropriate box:  More than \$1,000  More than \$12,500

*Arkansas Teacher Retirement*  
 (name of employer or source of income)  
*1400 W 3rd Ave Little Rock AR 72201*  
 (address)  
*Michael R Holcomb*  
 (name under which income received)

Provide a brief description of the nature of the services for which the compensation was received  
*Retired Educator*

- b) Check appropriate box:  More than \$1,000  More than \$12,500

*Secretary of State Arkansas*  
 (name of employer or source of income)  
*500 Woodlane Ave Ste 250 Little Rock AR 72201*  
 (address)  
*Mike Holcomb*  
 (name under which income received)

Provide a brief description of the nature of the services for which the compensation was received  
*State Representative Dist 93*

- c) Check appropriate box:  More than \$1,000  More than \$12,500

*US Social Security Admin.*  
 (name of employer or source of income)  
*3511 Market St Pine Bluff AR 71601*  
 (address)  
*Mike Holcomb*  
 (name under which income received)

Provide a brief description of the nature of the services for which the compensation was received  
*Retirement*

**SECTION 2- REASON FOR FILING (continued)**

- Appointee to one of the following municipal, county or regional boards or commissions (list name of board)
  - Planning board or commission \_\_\_\_\_
  - Airport board or commission \_\_\_\_\_
  - Water or Sewer board or commission \_\_\_\_\_ *N/A*
  - Utility board or commission \_\_\_\_\_
  - Civil Service commission \_\_\_\_\_

**SECTION 3- SOURCE OF INCOME**

List each employer and/or each other source of income from which you, your spouse, or any other person for the use or your spouse receives gross income amounting to more than \$1,000. (You are not required to disclose the individuals that constitute a portion of the gross income of the business or profession from which you or you spouse derives income. accountants, attorneys, farmers, contractors, etc. do not have to list their individual clients.) If you receive gross income \$1,000 from at least one source, the answer N/A is not correct.

- a) Check appropriate box:  More than \$1,000  More than \$12,500

AR Public Retirement System  
(name of employer or source of income)  
124 W Capitol Ave #400 Little Rock AR 72201  
(address)  
Michael R Holcomb  
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Retired Deputy Sheriff

- b) Check appropriate box:  More than \$1,000  More than \$12,500

Sulphur Springs Baptist Church  
(name of employer or source of income)  
9127 Sulphur Springs Rd Pine Bluff AR 71603  
(address)  
Mike Holcomb  
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Pastor

- c) Check appropriate box:  More than \$1,000  More than \$12,500

Shelter Insurance Company  
(name of employer or source of income)  
1817 W Broadway Columbia MO 65218  
(address)  
Jessica D Holcomb  
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received Insurance agent

**SECTION 2- REASON FOR FILING (continued)**

- Appointee to one of the following municipal, county or regional boards or commissions (list name of board)
  - Planning board or commission \_\_\_\_\_
  - Airport board or commission \_\_\_\_\_
  - Water or Sewer board or commission \_\_\_\_\_
  - Utility board or commission \_\_\_\_\_
  - Civil Service commission \_\_\_\_\_

N/A

**SECTION 3- SOURCE OF INCOME**

List each employer and/or each other source of income from which you, your spouse, or any other person for the use or your spouse receives gross income amounting to more than \$1,000. (You are not required to disclose the individuals that constitute a portion of the gross income of the business or profession from which you or your spouse derives income; accountants, attorneys, farmers, contractors, etc. do not have to list their individual clients.) If you receive gross income \$1,000 from at least one source, the answer N/A is not correct.

- a) Check appropriate box:  More than \$1,000  More than \$12,500

SECRETARY OF State ARKANSAS  
(name of employer or source of income)  
500 Woodlane Ave Ste 250 Little Rock AR 72201  
(address)  
Jessica D Holcomb  
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received  
Claims Commissioner

- b) Check appropriate box:  More than \$1,000  More than \$12,500

\_\_\_\_\_  
(name of employer or source of income)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received

- c) Check appropriate box:  More than \$1,000  More than \$12,500

\_\_\_\_\_  
(name of employer or source of income)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received







**SECTION 10- AWARDS**

If you are an employee of a public school district, the Arkansas School for the Blind, the Arkansas School for the Deaf, the Arkansas School for Mathematics, Sciences, and the Arts, a university, a college, a technical college, a technical institute, a comprehensive life-long learning center, or a community college, the law requires you to disclose each monetary or other award over one hundred dollars (\$100) which you have received in recognition of your contributions to education. The information disclosed with respect to each such award should include the source, date, description, and a reasonable estimate of the fair market value.

a) \_\_\_\_\_  
(description of award)  
\_\_\_\_\_  
(date) (fair market value)  
\_\_\_\_\_  
(source of award)

b) \_\_\_\_\_  
(description of award)  
\_\_\_\_\_  
(date) (fair market value)  
\_\_\_\_\_  
(source of award)

c) \_\_\_\_\_  
(description of award)  
\_\_\_\_\_  
(date) (fair market value)  
\_\_\_\_\_  
(source of award)

d) \_\_\_\_\_  
(description of award)  
\_\_\_\_\_  
(date) (fair market value)  
\_\_\_\_\_  
(source of award)

**SECTION 11- NONGOVERNMENTAL SOURCES OF PAYMENT**

List each nongovernmental source of payment of your expenses for food, lodging, or travel which bears a relationship to your office when you appear in your official capacity when the expenses incurred exceed \$150.

a) \_\_\_\_\_  
(name of person or organization paying expense)  
\_\_\_\_\_  
(business address)  
\_\_\_\_\_  
(date of expense) \$ (amount of expense)  
\_\_\_\_\_  
(nature of expenditure)

b) \_\_\_\_\_  
(name of person or organization paying expense)  
\_\_\_\_\_  
(business address)  
\_\_\_\_\_  
(date of expense) \$ (amount of expense)  
\_\_\_\_\_  
(nature of expenditure)



**SECTION 14- SIGNATURE**

I certify under penalty of false swearing that the above information is true and correct.

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature

STATE OF ARKANSAS

COUNTY OF Faulkner } ss

Subscribed and sworn before me this 21~~st~~ day of January, 2020



*[Handwritten Signature: Martha Jarro]*  
\_\_\_\_\_  
Notary Public

My commission expires: August 9, 2031

Note: If faxed, notary seal must be legible (i.e., either stamped or raised and inked) and the original must follow within ten (10) days pursuant to Ark. Code Ann. § 21-8-703(b)(3).

**IMPORTANT**

**Where to file:**

- State or district candidates/public servants file with the Secretary of State.
- Appointees to state boards/commissions file with the Secretary of State.
- County, township, and school district candidates/public servants file with the county clerk.
- Municipal candidates/public servants file with the city clerk or recorder, as the case may be.
- City attorneys file with the city clerk of the municipality in which they serve.
- District judges file with the Secretary of State.
- Members of regional boards or commissions file with the county clerk of the county in which they reside.

**General Information:**

- \* The Statement of Financial Interest should be filed by January 31 of each year.
- \* The filing covers the previous calendar year.
- \* Candidates for elective office shall file the Statement of Financial Interest for the previous calendar year on the first Monday following the close of the period to file as a candidate for elective office unless already filed by January 31. In addition, if the party filing period ends before January 1 of the year of the general election, candidates for elective office shall file a Statement of Financial Interest for the previous calendar year by no later than January 31 of the year of the general election.
- \* Agency heads, department directors, and division directors of state government shall file the Statement of Financial Interest within thirty (30) days of appointment or employment unless already filed by January 31.
- \* Appointees to state boards or commissions shall file the Statement of Financial Interest within thirty (30) days after appointment unless already filed by January 31.
- \* If a person is included in any category listed above for any part of a calendar year, that person shall file a Statement of Financial Interest covering that period of time regardless of whether they have left their office or position as of the date the statement is due.